

www.mass.gov/abcc

LICENSE NUMBER	:045000002		Cl	TY OR TOWN	1 GLOUCES	TER
APPLICATION FOR	RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 34 BEAC	A	S GOLF CLUB IN	C.			
CITY/TOWN: GLO		STATE:	MA	ZIP CODE:	01930	
MANAGER: SHEA		TYPE OF LICEN	SE:Club	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF I	LICENSED PR	EMISES:				
NEW BLDG. APPRX FT FRONT & SIDE				IT. & BATH. I	DECK APPRX	3000 SQ
I hereby certify and s	wear under per	alties of perjury tha	t:			
1. the renewe	ed license will	be of the same type	for the sar	ne premises no	w licensed;	
	-	l with all laws of the en for business (If no		_	to taxes; and	
SIGNED BY	Individual, Pa	artner or Authorized	l Corporat	e Officer		
DATE.						
DATE:	TELEP	HONE NUMBER:			ER IDENTIFICAT ndividual Social S	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the buildi	ng inspector and th	ne head of	the fire depar	tment for the	above
Please Check Below: APPROVED:				LOCAL LICEN By:	ISING AUTH	ORITY
DISAPPROVED: (If disapproved expla	in)					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILE	D BY LICENSEES DURIN	G THE MONT	TH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 045000007		CITY OF	R TOWN	GLOUCES'	ΓER
APPLICATION FO	R RENEWAL:	Annua	ıl	LICENS	SED FOR 20	13
		CLAS	S		,	YEAR
LICENSEE NAME:	KEND, INC.					
DOING BUSINESS	A DUCKWORTH	S BISTRO				
ADDRESS 197 E. N	MAIN ST.					
CITY/TOWN: GL	OUCESTER	STATE:	MA ZIP (CODE:	01930	
	CKWORTH, TY OLE E.	PE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL ADDRESS	S		
DESCRIPTION OF	LICENSED PREMI	ISES:				
	D LEVEL; ENTRA R. LEFT THROUGH	the state of the s		H. REAR	- WALKOU'	Γ
I hereby certify and	swear under penaltie	s of perjury that	:			
1. the renew	ved license will be of	f the same type f	or the same pren	nises now	licensed;	
2. the licens	see has complied wit	h all laws of the	Commonwealth	relating to	taxes; and	
3. the premi	ises are now open for	r business (If no	t explain below)			
SIGNED BY						
	Individual, Partne	er or Authorized	Corporate Office	er		
DATE:	TELEPHON	NE NUMBER:			IDENTIFICATI	
			(Note	e: <u>NOT</u> Indi	ividual Social Se	ecurity Number)
Acts of 2004, signe	ed, attest that we ared by the building in (2) the certificate o	spector and th	e head of the fir	e departn	nent for the	above
Please Check Below:			LOCAI	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						
DAIL.						



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LICENSE NUMBE	R: 045000008		CITY OR TOWN GLOUCE	ESTER
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	: GLOUCESTER ES	SPRESSO INC		
DOING BUSINESS	A			
ADDRESS 116-118	MAIN STREET			
CITY/TOWN: GL	OUCESTER	STATE: MA	ZIP CODE: 01930	
	RINE,ANETTE TYP DOLOSI	PE OF LICENSE: Re	staurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
	JANT WITH TWO D ONE KITCHEN ENT		AR WITH LOUNGE, FRONT A ED DECK 35X7	AND REAR
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	ved license will be of	the same type for the	same premises now licensed;	
2. the licens	see has complied with	all laws of the Com	nonwealth relating to taxes; an	d
3. the prem	ises are now open for	business (If not expl	ain below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, signe	ed by the building ins	spector and the head	e certificate required by Cha d of the fire department for the drance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	am)			
DATE:				



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LICENSE NUM	1BER: 045000010		CITY OR TOWN GLC	DUCESTER
APPLICATION	FOR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: DOUCETTE	E-LINGARD POST #1624	V.F.W. INC.	
DOING BUSIN	TESS A			
ADDRESS 224	EASTERN AVEN	UE		
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE: 019	30
	FLEMING, WILLIAM A.	TYPE OF LICENSE: Ve	eterans club CATEG	ORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
	OF LICENSED P			
		UILDING.1ST FLR; LOU? WO OFFICES AND TWO	NGE, BAR WITH STORA STORAGE ROOM	GE AREAS
I hereby certify	and swear under pe	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	e same premises now licens	ed;
2. the li	icensee has complie	ed with all laws of the Com	monwealth relating to taxes	s; and
3. the p	oremises are now op	en for business (If not expl	lain below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corp	orate Officer	
DATE:	TELE	PHONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, s	igned by the build	ing inspector and the hea	ne certificate required by d of the fire department f urance required by Chapt	for the above
Please Check Below	<u>w:</u>		LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	eapiaiii)			
DATE:				



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LICENSE NUMBEI	R: 045000014		CITY OR TOWN	GLOUCES	TER
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
	FADO CORPORATIO A PATIO REST. OF M				
ADDRESS 12 LEXI	INGTON AVE.				
CITY/TOWN: GLO	OUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: BUR	RKE, M. IRENE TYPE	OF LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR E	MAIL ADDRESS		I
DESCRIPTION OF	LICENSED PREMISES	S:			
BATHROOMS, BA	AREAS, ENTRANCE IN R RUNNING ALONG ' N FRONT OF RESTAUI	WALL AND PRE			CHEN. 2
I hereby certify and	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for the	same premises now	licensed;	
	see has complied with all		•	to taxes; and	
3. the premi	ises are now open for bu	siness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	Authorized Corn	orate Officer		
	individual, I dither of	rumorized corp.	rute Officer		
DATE:	TELEPHONE 1	NIIMRER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TEEEI HOILE I	NOWIDEIX.	(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in d by the building inspe (2) the certificate of liq	ector and the head	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					



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LICENSE NUI	MBER: 045000015		CITY OR TOWN GLOUC	ESTER
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: J.D. AND M	YERS BEST FRIENDS, IN	IC.	
DOING BUSIN	NESS A			
ADDRESS 24	LEXINGTON AVE	•		
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER:	ARAUJO JR., ARTHUR	TYPE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED P			
		N END OF BLDG IN FRON CITY FOR 20 PEOPLE	VT OF DINING AREA, FOR (OUTSIDE
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the 1	licensee has complie	d with all laws of the Comn	nonwealth relating to taxes; an	d
3. the 1	premises are now op	en for business (If not expla	in below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	al Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Cha l of the fire department for t rance required by Chapter 1	he above
Please Check Belo	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 045000016		CITY OR TOWN	GLOUCESTER
APPLICATION FOI	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 65 MAIN	A 65 MAIN	CLASS		ILAK
CITY/TOWN: GLO	DUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: Mulh	nolland, Andrew T	YPE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS: DESCRIPTION OF		WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	MENT AREA,DIN	IING ROOM, LOUNG	SE AND PATIO. EN	TRANCE ON MAIN
2. the licens	red license will be of ee has complied wi	of the same type for the th all laws of the Compor business (If not expl	nonwealth relating to	
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signed	d by the building i	nspector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUN	MBER: 045000018		CITY OR TOWN	GLOUCES	TER
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: HALIBUT POINT	ſ INC.			
DOING BUSIN	JESS A				
ADDRESS 289	MAIN ST.				
CITY/TOWN:	GLOUCESTER	STATE: M	ZIP CODE:	01930	
MANAGER:	FLAVIN, DENNIS TY	PE OF LICENSE:	Restaurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMI	SES:			
3 floors, one ro Outside patio ap	oom each floor, two baths oril through oct	s, storage and twel	ve additional seats, base	ment for stor	age.
I hereby certify	and swear under penaltie	s of perjury that:			
1. the r	enewed license will be of	the same type for	the same premises now	licensed;	
2. the l	icensee has complied with	h all laws of the Co	ommonwealth relating to	taxes; and	
3. the p	premises are now open for	business (If not e	xplain below)		
SIGNED BY	Individual, Partne	r or Authorized Co	orporate Officer		
	,		•		
DATE:	TEI EDUON	NE NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
	TELEFIION	NE NOMBER.	(Note: NOT Ind		
	signed, attest that we are signed by the building in				
named license	and (2) the certificate o				
of 2010.					
Please Check Belov	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	Capiani)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY I	LICENSEES DURING TH	HE MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	jA)



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LICENSE NU	MBER: 045000019		CITY OR TOW	N GLOUCES	STER
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	AME: Cruiseport Glou				
ADDRESS 31	3 MAIN ST.				
CITY/TOWN:	: GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER:	DELORENZO, SHEREE	ΓΥΡΕ OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PRE	MISES:			
ENT/EXITS. (RESTAURAN	OUTDOOR AREA 270 IT, DINING AREA, KI' K 26X40 ADDED CON	ND FLOOR 70X80 HAL X280 ACCESS THRU O TCHEN, BAR WITH SI NNECTOR DECK 8X12	GROUND FLOOF EATING. EXISTI	R ENTRANCE. NG DECK 542	X26,
I hereby certify	y and swear under penal	ties of perjury that:			
2. the	licensee has complied v	of the same type for the with all laws of the Comfor business (If not expl	nonwealth relating		
SIGNED BY	Individual, Part	tner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICAT	
Acts of 2004,	signed by the building	are in possession (1) th g inspector and the head e of liquor liability insu	d of the fire depar	rtment for the	above
Please Check Bel	ow:		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:	151110710711	
DISAPPROV			•		
(If disapprove	d explain)				
DATE:					



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 045000020		CITY OR TOWN	GLOUCESTER
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: CROW'S NEST AS	SSOCIATES, INC		
DOING BUSINESS A CROW'S NEST			
ADDRESS 334 MAIN ST.			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: SOUSA, GREGG TYPE	PE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
3 STORY CONCRETE BLDG WITH CE			
LAVATORIES,3 ENTRANCES. 2ND FI FLR; 8 LODGING ROOMS, 8 LAVATO			IES, 2 EXITS. 3RD
I hereby certify and swear under penalties			
1. the renewed license will be of		e same premises now	licensed;
2. the licensee has complied with	• •	-	
3. the premises are now open for		•	
SIGNED BY			
	or Authorized Corp	orate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we are	in passassian (1) tl	na cartificata raquire	od by Chantar 204 of the
Acts of 2004, signed by the building ins	_	_	-
named license and (2) the certificate of			
of 2010.			
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMB	SER: 045000021		CITY OR TOWN GLOUCES	SIER
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
	E: JAMES AND I	MARY JOSEPHINE MO S	NTAGNINO	
ADDRESS 206-0	8 MAIN ST.			
CITY/TOWN: G	LOUCESTER	STATE: MA	ZIP CODE: 01930	
JA	ONTAGNINO, MES AND ARY JOS	TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION C	F LICENSED PRE	EMISES:		
	E AND RESTROOM		ND CELLAR FOR STORAGE UND LEV EL. OFFICE, REST	
I hereby certify an	d swear under pena	lties of perjury that:		
1. the ren	ewed license will be	e of the same type for the	same premises now licensed;	
2. the lice	ensee has complied	with all laws of the Comn	nonwealth relating to taxes; and	
3. the pre	mises are now open	for business (If not expla	in below)	
SIGNED BY	Individual, Par	tner or Authorized Corpo	rate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, sig	ned by the building	g inspector and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	aplain)			
DATE:				



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LICENSE NO	MBER: 045000022		CITY OR TOWN GLOUCESTER	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS	YEAR	
LICENSEE NA	AME: CAPE ANN H	OSPITALITY LLC		
DOING BUSI	NESS A DEVON'S RE	ESTAURANT & PUB		
ADDRESS GI	LOUCESTER CROSSI	NG/SCHOOL HOUSE R	D.	
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER:	HALAMERT, FREDERICK BRUCE	TYPE OF LICENSE: Gen prer	neral on CATEGORY: All Alcohol mise	
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	N OF LICENSED PRE			
		RAGE AREAS AND OFF	FICE	
	y and swear under pena			
		* *	same premises now licensed;	
	<u>*</u>		nonwealth relating to taxes; and	
3. the	premises are now open	for business (If not expla	in below)	
SIGNED BY	Individual, Par	tner or Authorized Corpo	rate Officer	
SIGNED BY	Individual, Par	tner or Authorized Corpo	rate Officer	
SIGNED BY	Individual, Par	rtner or Authorized Corpo	rate Officer	
SIGNED BY DATE:			rate Officer EMPLOYER IDENTIFICATION NUMBER:	
		rtner or Authorized Corpor		
DATE: We the under Acts of 2004,	TELEPH rsigned, attest that we signed by the building	IONE NUMBER: are in possession (1) the ginspector and the head	EMPLOYER IDENTIFICATION NUMBER:	1
DATE: We the under Acts of 2004, named license	TELEPH rsigned, attest that we signed by the building e and (2) the certificat	IONE NUMBER: are in possession (1) the ginspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) e certificate required by Chapter 304 of the of the fire department for the above)
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED:	TELEPH resigned, attest that we signed by the building and (2) the certificat	IONE NUMBER: are in possession (1) the ginspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts)
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED: DISAPPROVE	TELEPH rsigned, attest that we signed by the building and (2) the certificat	IONE NUMBER: are in possession (1) the ginspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) e certificate required by Chapter 304 of the lof the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY)
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED:	TELEPH rsigned, attest that we signed by the building and (2) the certificat	IONE NUMBER: are in possession (1) the ginspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) e certificate required by Chapter 304 of the lof the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY)
DATE: We the under Acts of 2004, named license of 2010. Please Check Beld APPROVED: DISAPPROVE	TELEPH rsigned, attest that we signed by the building and (2) the certificat	IONE NUMBER: are in possession (1) the ginspector and the head	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) e certificate required by Chapter 304 of the lof the fire department for the above rance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY)



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LICENSE NUM	IBER: 045000025		CITY OR TOWN GLOUCE	STER
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: SAINT PETER	R'S CLUB INC.		
DOING BUSIN	ESS A			
ADDRESS 10 R	ROGERS STREET			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE: 01930	
	BILLANTE, LEONARD W.	TYPE OF LICENSE: Clu	b CATEGORY	: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	EMISES:		
DECREASING	SIZE TO INCLUDE	BASEMENT AREA ON	LY.	
I hereby certify a	and swear under pena	alties of perjury that:		
1. the re	enewed license will be	e of the same type for the	same premises now licensed;	
	•		nonwealth relating to taxes; and	
3. the p	remises are now open	n for business (If not expla	in below)	
SIGNED BY	Individual, Par	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, si	igned by the buildin	g inspector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 11	e above
Please Check Below	<u>v:</u>		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved of	capiani)			
DATE:				
APPLICATION FOR F	RENEWAL MUST BE FILED	BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUI	MBER: 045000026		CITY OR TOWN	GLOUCES	ΓER
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NA DOING BUSII	AME: CARLO BARBARA NESS A				
ADDRESS 03	6-38 MAIN STREET				
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER:	BARBARA, CARLOTYPE	OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBS		AIL ADDRESS		
TWO STORY CUISINE, RES APPROX. 6'X	N OF LICENSED PREMISE WOODEN BLDG.; FIRST F STROOMS; SECOND FLOC 30'. A 10 X 23 1/2 FOOT, TV AIRS FOR SECURITY AND	FLOOR-THREE RO OR; LOUNGE AND WO STORY ADDIT	BAR, A VERAND	OA DORMER	·••
I hereby certify	and swear under penalties of	f perjury that:			
	renewed license will be of the	• •	-		
	licensee has complied with al		•	taxes; and	
3. the	premises are now open for bu	isiness (If not explai	in below)		
SIGNED BY					
	Individual, Partner or	Authorized Corpor	rate Officer		
DATE:	TELEPHONE :	NUMBER:		IDENTIFICATI	
			(Note: NOT Ind	ividual Social Se	curity Number)
Acts of 2004,	rsigned, attest that we are in signed by the building inspe- e and (2) the certificate of lie	ector and the head	of the fire departr	nent for the	above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappiovec	· Capium)				
					_
DATE:					



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LICENSE NU	MBER: 045000029		CITY OR TOWN	GLOUCES	TER
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
DOING BUSI	AME: PRATTY'S C.A NESS A 0-12 PARKER ST.	A.V. INC.			
		COTT A TEXTS		01020	
CITY/TOWN:	: GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER:	GOYETCHE, WALTER J. JR.	TYPE OF LICENSE: C	General on Coremise	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTIO	N OF LICENSED PRE	EMISES:			
1 FLOOR, 4 R	ROOMS, NO CELLAR.	ONE ENTRANCE AN	ND EXIT		
I hereby certify	y and swear under pena	lties of perjury that:			
1. the	renewed license will be	e of the same type for the	ne same premises now	v licensed;	
2. the	licensee has complied	with all laws of the Cor	nmonwealth relating	to taxes; and	
3. the	premises are now open	n for business (If not exp	plain below)		
SIGNED BY	Individual, Par	rtner or Authorized Cor	porate Officer		
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICAT dividual Social S	
Acts of 2004,	signed by the building	e are in possession (1) t g inspector and the he te of liquor liability ins	ad of the fire depart	ment for the	above
Please Check Bel	ow:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
OISAPPROVI (If disapproved					
			-		
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16	5A)



www.mass.gov/abcc

LICENSE NUMBER: 04	£5000030		CITY OR TO	OWN	GLOUCES	STER
APPLICATION FOR RI	ENEWAL:	Annual	I	ICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: CA	APE ANN LODGI	E #1471				
DOING BUSINESS A	LOYAL ORDER (OF THE MOOSE				
ADDRESS 262-264 MA	JN STREET					
CITY/TOWN: GLOUC	ESTER	STATE: MA	ZIP COI	DE:	01930	
MANAGER: SAROFE KENNE		E OF LICENSE: C	lub	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF LIC	ENSED PREMISI	ES:				
THREE STORY WOOD BASEMENT, THREE E		The state of the s			OR, ONE RO	OOM IN
I hereby certify and swea	ır under penalties (of perjury that:				
1. the renewed l	icense will be of th	ne same type for th	e same premise	es now	licensed;	
2. the licensee h	as complied with a	all laws of the Con	monwealth rel	ating t	o taxes; and	
3. the premises	are now open for b	ousiness (If not exp	lain below)			
SIGNED BY						
In	ndividual, Partner o	or Authorized Corp	orate Officer			
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:			
			(Note: Note:	OT Inc	lividual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building insp	pector and the hea	nd of the fire d	lepart:	ment for the	above
Please Check Below:			LOCAL L	ICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
			-			
DATE:						



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MANAGER: ARNOLD, JOHN D. TYPE OF LICENSE: Club EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL A DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. TOTALING 9850 SQ. FT. LOWER LEVEL: FU KITCHEN, OFFICE AND STORAGE. UPPER LEVEL: BAR ANI OF EGRESS ON EACH FLOOR, ONE NORTH SIDE AND ONE	ZIP CODE: 01930 CATEGORY: All Alcohol DDRESS UNCTION ROOM, SERVICE BAR, D LOUNGE. EXITS: TWO MEANS
LICENSEE NAME: GLOUCESTER LODGE 892 B.P.O. OF ELIDOING BUSINESS A ADDRESS 97-101 ATLANTIC ROAD CITY/TOWN: GLOUCESTER STATE: MA MANAGER: ARNOLD, JOHN D. TYPE OF LICENSE: Club EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL A DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. TOTALING 9850 SQ. FT. LOWER LEVEL: FU KITCHEN, OFFICE AND STORAGE. UPPER LEVEL: BAR ANI OF EGRESS ON EACH FLOOR, ONE NORTH SIDE AND ONE	ZIP CODE: 01930 CATEGORY: All Alcohol DDRESS UNCTION ROOM, SERVICE BAR, D LOUNGE. EXITS: TWO MEANS
DOING BUSINESS A ADDRESS 97-101 ATLANTIC ROAD CITY/TOWN: GLOUCESTER STATE: MA MANAGER: ARNOLD, JOHN D. TYPE OF LICENSE: Club EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL AD DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. TOTALING 9850 SQ. FT. LOWER LEVEL: FU KITCHEN, OFFICE AND STORAGE. UPPER LEVEL: BAR ANI OF EGRESS ON EACH FLOOR, ONE NORTH SIDE AND ONE	ZIP CODE: 01930 CATEGORY: All Alcohol DDRESS UNCTION ROOM, SERVICE BAR, D LOUNGE. EXITS: TWO MEANS
CITY/TOWN: GLOUCESTER STATE: MA MANAGER: ARNOLD, JOHN D. TYPE OF LICENSE: Club EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL A DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. TOTALING 9850 SQ. FT. LOWER LEVEL: FU KITCHEN, OFFICE AND STORAGE. UPPER LEVEL: BAR ANI OF EGRESS ON EACH FLOOR, ONE NORTH SIDE AND ONE	CATEGORY: All Alcohol DDRESS UNCTION ROOM, SERVICE BAR, D LOUNGE. EXITS: TWO MEANS
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL A DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. TOTALING 9850 SQ. FT. LOWER LEVEL: FU KITCHEN, OFFICE AND STORAGE. UPPER LEVEL: BAR ANI OF EGRESS ON EACH FLOOR, ONE NORTH SIDE AND ONE	UNCTION ROOM, SERVICE BAR, D LOUNGE. EXITS: TWO MEANS
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL A DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. TOTALING 9850 SQ. FT. LOWER LEVEL: FU KITCHEN, OFFICE AND STORAGE. UPPER LEVEL: BAR ANI OF EGRESS ON EACH FLOOR, ONE NORTH SIDE AND ONE	UNCTION ROOM, SERVICE BAR, D LOUNGE. EXITS: TWO MEANS
DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG. TOTALING 9850 SQ. FT. LOWER LEVEL: FU KITCHEN, OFFICE AND STORAGE. UPPER LEVEL: BAR ANI OF EGRESS ON EACH FLOOR, ONE NORTH SIDE AND ONE	UNCTION ROOM, SERVICE BAR, D LOUNGE. EXITS: TWO MEANS
2 STORY BLDG. TOTALING 9850 SQ. FT. LOWER LEVEL: FU KITCHEN, OFFICE AND STORAGE. UPPER LEVEL: BAR ANI OF EGRESS ON EACH FLOOR, ONE NORTH SIDE AND ONE	D LOUNGE. EXITS: TWO MEANS
	SOUTH SIDE.
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same	•
2. the licensee has complied with all laws of the Commonw	<u> </u>
3. the premises are now open for business (If not explain be	elow)
SIGNED BY Individual, Partner or Authorized Corporate	Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the certacts of 2004, signed by the building inspector and the head of the named license and (2) the certificate of liquor liability insurance of 2010.	he fire department for the above
	OCAL LICENSING AUTHORITY
APPROVED: By	y:
DISAPPROVED: (If disapproved explain) —	
——————————————————————————————————————	
DATE:	
	OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUM	MBER: 045000032		CITY OR TOWN	GLOUCESTER
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: QING MING, I			
ADDRESS 1-3	PORTER & 83 MAIN	N ST.		
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER:	CHAN CHEN, QING	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	LESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
ON PORTER S		ED BY ONE SIDE TO N N PARKING AREA ANI		
I hereby certify	and swear under pena	lties of perjury that:		
1. the 1	renewed license will be	e of the same type for the	same premises now	licensed;
2. the l	licensee has complied	with all laws of the Comm	nonwealth relating to	taxes; and
3. the ₁	premises are now open	for business (If not expla	ain below)	
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004,	signed by the building	g inspector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER	C: 045000033		CITY	JR TOWN	\ GLUUCE	SIEK
APPLICATION FOI	R RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	GLOUCESTER .	AMVETS BUILD	ING ASSOC	TATION		
DOING BUSINESS	A					
ADDRESS 14 PROS	SPECT ST.					
CITY/TOWN: GLO	OUCESTER	STATE: N	MA ZII	CODE:	01930	
MANAGER: BUR	GESS, KEVIN T	YPE OF LICENSE	E:Veterans cl	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	OUR EMAIL ADDR	ESS		
DESCRIPTION OF	LICENSED PREM	IISES:				
TWO FLOORS AND SUBDIVIDED ROC						E LARGE
I hereby certify and s	swear under penalti	es of perjury that:				
1. the renew	red license will be o	of the same type fo	r the same pr	emises no	w licensed;	
2. the licens	ee has complied wi	th all laws of the C	Commonweal	th relating	to taxes; and	
3. the premi	ses are now open for	or business (If not	explain belov	w)		
SIGNED BY	Individual, Partn	er or Authorized C	Corporate Off	icer		
DATE:	TELEPHO	NE NUMBER:	1)		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building i	inspector and the	head of the	fire depai	rtment for the	above
Please Check Below:			LOC	AL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: [
(11 disappioved expir	<i>)</i>					
DATE.						
DATE:						
APPLICATION FOR RENEV	VAL MUST BE FILED BY	LICENSEES DURING T	THE MONTH OF	NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000034		CITY OR TOWN GLOUCESTER					
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013					
	CLASS	YEAR					
LICENSEE NAME: RAILROAD AVEN	UE ASSOCIATES,	INC.					
DOING BUSINESS A RHUMBLINE RE	ST.						
ADDRESS 40 RAILROAD AVE.							
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE: 01930					
MANAGER: SHRIGLEY, TYPI WILFRED R. III	E OF LICENSE: Res	staurant CATEGORY: All Alcohol					
EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM	MAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:							
EXT. OF PREMISES - OUTDOOR DECK AREA, APPROX. 4X8' TO BE ACCESSED BY A DOORWAY FROM THE BAR AREA							
I hereby certify and swear under penalties of	of perjury that:						
1. the renewed license will be of the		_					
2. the licensee has complied with a							
3. the premises are now open for b	ousiness (If not expla	ain below)					
SIGNED BY Individual, Partner of	or Authorized Corpo	orate Officer					
·	·						
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:					
TEEL HOLLE	THOMBER.	(Note: <u>NOT</u> Individual Social Security Number)					
Acts of 2004, signed by the building insp	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts					
Please Check Below:		LOCAL LICENSING AUTHORITY					
I lease Check Delow.							
APPROVED:		By:					
APPROVED: DISAPPROVED:							
APPROVED:							
APPROVED: DISAPPROVED:							



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LICENSE NU	MBER: 045000040		CITY OR TOWN GLOU	CESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N.	AME: OCEAN VIE	W INN, INC.		
DOING BUSI	NESS A OCEAN VI	EW INN		
ADDRESS 17	1 ATLANTIC ROAD)		
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE: 01930)
MANAGER:	BERSHAD, LAURENCE P.	TYPE OF LICENSE:R	estaurant CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
main bldg onl	y; dining room, first f	loor known as Manor Ho	use, 5 exits	
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now licensed	l;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to taxes;	and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	porate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	signed by the building	ng inspector and the he	he certificate required by Cl ad of the fire department for surance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
Of disapproved				
(If disapproved	a Capiani)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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LICENSE NUI	MBER: 045000041		CITY OR TOWN	GLOUCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: JOHN JEN, INC.			
DOING BUSI	NESS A HOUSE OF MIT	CH		
ADDRESS 18	ROGERS ST.			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER:	WILLIAMSON, TYPESHEILA	PE OF LICENSE: Rest	aurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PREMIS			
KITCHEN AN	CEMENT BLDG., 2 EXIT D STOREROOM ON THI S, NO CELLAR.			
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the s	ame premises now	licensed;
	licensee has complied with		_	taxes; and
3. the	premises are now open for	business (If not explai	n below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Individual Social Security Number)	
Acts of 2004,	rsigned, attest that we are signed by the building insee and (2) the certificate of	spector and the head	of the fire departn	nent for the above
Please Check Belo			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 045000042		CITY OR TOWN	GLOUCESTER		
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2013		
		CLASS		YEAR		
DOING BUSINESS	SEVEN SEAS WE					
ADDRESS 043-63 I						
CITY/TOWN: GLO	OUCESTER	STATE: MA	ZIP CODE:	01930		
	QUATA, TYI NARD M.	PE OF LICENSE: Re	estaurant (CATEGORY: All Alcohol		
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:						
TWO FLOORS, OU						
 the renew the licens 	swear under penalties wed license will be of see has complied with ises are now open for	the same type for the	monwealth relating			
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer			
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICATION NUMBER:		
Acts of 2004, signe	d by the building in	spector and the hea	d of the fire depar	red by Chapter 304 of the tment for the above Chapter 116 of the Acts		
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICEN By:	SING AUTHORITY		



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LICENSE NUM	MBER: 045000043		CITY OR TOWN	GLOUCESTER
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	ME: SENITI INC.	LIN CAPE ANN		
ADDRESS 118	MAIN STREET			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER:	SENITI, MARIA	ΓΥΡΕ OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU N OF LICENSED PREI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
EXIT/ENTRAN ROOM WITH A	NCE TO THE FRONT, ADJACENT BAR ON	MITH ADJACENT E , ONE EXIT TO THE 2ND FLOOR. BASEN ON THE REAR 2ND	REAR. SECOND FL MENT STORAGE AT	OOR ONE DINING ND OFFICE.
1. the r 2. the l	icensee has complied v	of the same type for the vith all laws of the Confor business (If not exp	nmonwealth relating t	
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer	
DATE				
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, s	igned by the building	inspector and the hea	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below APPROVED: DISAPPROVE (If disapproved	 D:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER: 045000044	4	CITY OR TOWN	GLOUCESTER
APPLICATION FOR RENEWA	L: Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: AQUA RE	DE 43		
ADDRESS 25 ROGERS STREE			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: EASTMAN, BRI G.	AN TYPE OF LICENSE: Res	staurant CA'	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
ONE STORY CINDERBLOCK ST. INCLUDING A KITCHEN I ADDITIONAL DECK OVER H OUTDOOR DINING AREA AP REAR OF BLDING	ENTRANCE AND SIDE DO ARBOR. TWO EMERGENC	OR. LOUNGE DOOF CY EXITS ON ALLE	R AND YCONTIG.
I hereby certify and swear under j	penalties of perjury that:		
1. the renewed license w	ill be of the same type for the	same premises now li	icensed;
2. the licensee has comp	lied with all laws of the Comm	nonwealth relating to	taxes; and
3. the premises are now	open for business (If not expla	ain below)	
SIGNED BY Individual	, Partner or Authorized Corpo	orate Officer	
DATE: TEL	EPHONE NUMBER:		DENTIFICATION NUMBER:
We the undersigned, attest tha Acts of 2004, signed by the bui named license and (2) the certi of 2010.	lding inspector and the head	l of the fire departm	ent for the above
Please Check Below:		LOCAL LICENSII	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
		_	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 045000046		CITY OR TOWN	GLOUCES	TER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 226 WAS	SHINGTON ST				
CITY/TOWN: GLO	UCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: CHE	N, TONY T	YPE OF LICENSE:	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREI	MISES:			
FULL SERVICE RES			SQ FT WITH 2 REST ES	ROOMS; BA	AR AREA
I hereby certify and sv	wear under penal	ties of perjury that:			
1. the renewe	ed license will be	of the same type for t	he same premises now	licensed;	
2. the license	e has complied w	rith all laws of the Con	mmonwealth relating t	o taxes; and	
3. the premis	es are now open	for business (If not ex	plain below)		
SIGNED BY	Individual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:			TION NUMBER: decurity Number)
Acts of 2004, signed	by the building	inspector and the he	the certificate required of the fire departs	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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(CITY OR TOWN GLOUC	ESTER
Annual	LICENSED FOR	2013
CLASS		YEAR
RES LLC		
rant & Bar		
STATE: MA	ZIP CODE: 01930	
		Y: All Alcohol
WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
ISES:		
es of perjury that:		
f the same type for the sa	ame premises now licensed;	
th all laws of the Commo	onwealth relating to taxes; an	d
r business (If not explain	n below)	
er or Authorized Corpora	ate Officer	
NE NUMBER:	EMPLOYER IDENTIFIC	
	(Note: <u>NO1</u> Individual Socia	al Security Number)
nspector and the head o	of the fire department for t	he above
	LOCAL LICENSING AUT	HORITY
	By:	
		
		
	Annual CLASS RES LLC rant & Bar STATE: MA TPE OF LICENSE: Gene prem WEBSITE AND ENTER YOUR EMA ISES: with kitchen, restrooms a xit on ground level. Patie es of perjury that: f the same type for the sa th all laws of the Common r business (If not explain er or Authorized Corpora NE NUMBER:	CLASS RES LLC rant & Bar STATE: MA ZIP CODE: 01930 PE OF LICENSE: General on premise WERSITE AND ENTER YOUR EMAIL ADDRESS ISES: with kitchen, restrooms and lounge with separate rec/axit on ground level. Patio on northwest corner of the est of perjury that: If the same type for the same premises now licensed; the all laws of the Commonwealth relating to taxes; and rebusiness (If not explain below) Example of the commonwealth relating to taxes and results of the commonwealth relating to taxes; and results of t



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LICENSE NU	MBER: 045000048		CITY (OR TOWN	GLOUCES	TER
APPLICATIO	N FOR RENEWAL	: Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE N	AME: GLOUCES	ΓER FRATERNITY CLU	B INC			
DOING BUSI	NESS A GLOUCES	STER FRATERNITY CL	UB			
ADDRESS 27	WEBSTER ST.					
CITY/TOWN:	GLOUCESTER	STATE: MA	X ZIP	CODE:	01930	
MANAGER:	Faria, Jose	TYPE OF LICENSE:	Club	C	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:					
		T OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRI	ESS		
	N OF LICENSED P				vara	
		FIVE ROOMS ON FIRST AIN HALL ON SECOND		2 ENTRAN	ICES AND T	HREE
I hereby certify	y and swear under pe	enalties of perjury that:				
1. the	renewed license wil	l be of the same type for the	he same pro	emises now	v licensed;	
2. the	licensee has complie	ed with all laws of the Cor	mmonwealt	th relating	to taxes; and	
3. the	premises are now op	en for business (If not ex	plain belov	v)		
SIGNED BY	Individual	Partner or Authorized Cor	norate Off	icer		
	individual,	artifer of Flatflorized Col	porute offi	1001		
DATE:	TEI E	PHONE NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
	TEEL	THORE WOMBER.	(N	iote: NOT In	dividual Social S	Security Number)
We the under	raigned attact that	we are in possession (1)	the contific	asta magnin	od by Chant	on 201 of the
Acts of 2004,	signed by the build	ling inspector and the he	ead of the f	fire depart	ment for the	above
named licens of 2010.	e and (2) the certifi	cate of liquor liability in	surance re	equired by	Chapter 116	of the Acts
Please Check Bel	ow:		I OC	AT LICEN	SING AUTH	∩RITV
APPROVED:			By:	AL LICLIA	SING ACTIN	OKITT
DISAPPROV			•			
(If disapprove	d explain)					
DATE:						
APPLICATION FOI	R RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	MONTH OF 1	NOVEMBER (1	M.G.L. Ch. 138 \$ 10	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	045000054		CITY OR TOW.	N GLOUCES	IEK
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GLOUCESTER LIQU	ORS, INC			
DOING BUSINESS A	CHARLIE'S CAPE A	NN LIQUOR CI	HEST		
ADDRESS 711 GLOU	JCESTER CROSSING				
CITY/TOWN: GLO	UCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: CONT	T,KELLEY A. TYPE C	OF LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:]
Pl	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES				
	LDG. APPROX.2,000 S S IN FRONT; ONE ON			PROX. 67.5 X 2	29 W/
2. the licenses	d license will be of the se has complied with all es are now open for bus	laws of the Com	nonwealth relating		
SIGNED BY	Individual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	 n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 045000055		CITY OR TOWN	GLOUCESTER
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS		YEAR
LICENSEE NAME:	JOHN T. O'NE	EIL		
DOING BUSINESS	A ANNIE'S VA	ARIETY		
ADDRESS 90 CON	CORD ST			
CITY/TOWN: GLO	OUCESTER	STATE: MA	ZIP CODE:	01930
MANAGER: O'NE	EIL,JOHN T.	TYPE OF LICENSE:	Package Store C.	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
		UR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF			A CW DOOD EDOM	
	CKROOM, FIRS	STORE ON FRONT. E ST FLOOR. SIDE AND		
I hereby certify and s	swear under pena	alties of perjury that:		
1. the renew	ed license will b	e of the same type for t	he same premises now	licensed;
	-	with all laws of the Con	_	o taxes; and
3. the premi	ses are now oper	n for business (If not ex	plain below)	
-				
SIGNED BY	Individual Par	rtner or Authorized Co	porate Officer	
	marviduai, i ai	ruier of Humorized Col	portate Officer	
DATE:	TEI EDL	HONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TELEFT	IONE NUMBER.		lividual Social Security Number)
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved expla	ain)			
				<u> </u>
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 045000056		CITY OR TOWN	GLOUCES'	TER
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: CHANTY, INC.				
DOING BUSIN	NESS A RICHDALE DA	AIRY STORE			
ADDRESS 120)-22 EAST MAIN STRE	ET			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930	
MANAGER:	MC CARTHY, TY	YPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		•
DESCRIPTION OF LICENSED PREMISES:					
	24 sq ft with entrance and		exit in rear		
-	and swear under penaltic			liaansad.	
	renewed license will be of licensee has complied wi		_		
	premises are now open for		_	taxes, and	
	1	r			
SIGNED BY					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
Please Check Belo	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBEK: 045000058		CITY OR TOWN GLOUC	ESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: J&LLIQUO NESS A SEABREEZ			
ADDRESS 12	1 EASTERN AVE			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER:	LINQUATA, LOUIS A.	TYPE OF LICENSE: Pa	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
	GROUND LEVEL, R y and swear under pen	EAR AND FRONT ENT	TRANCES AND EXITS.	
2. the	licensee has complied	* *	e same premises now licensed; amonwealth relating to taxes; an lain below)	d
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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LICENSE NUMBER: 045000059	CITY OR TOWN GLOUCESTER				
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013				
CLASS	YEAR				
LICENSEE NAME: MARKET STREET VARIETY INC	2				
DOING BUSINESS A RICHDALE					
ADDRESS 410 WASHINGTON ST					
CITY/TOWN: GLOUCESTER STATE: M	IA ZIP CODE: 01930				
MANAGER: MULLEN, TYPE OF LICENSE: ROBERT W.	Package Store CATEGORY: Wine and Malt Regular				
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS				
DESCRIPTION OF LICENSED PREMISES:					
1SR FLR; 2 ROOMS, 2ND FLR; 3 ROOMS. 3RD FLR;2 RMS					
2. the licensee has complied with all laws of the Company of	xplain below)				
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
Please Check Below: APPROVED: DISAPPROVED:	LOCAL LICENSING AUTHORITY By:				
(If disapproved explain)					
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE	HE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 164)				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045	000060		CITY OR TO	WN GLOUCES	IEK
APPLICATION FOR REI	NEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: FO	UR SEASONS LIQU	ORS, LTD.			
DOING BUSINESS A CA	AUSEWAY LIQUOF	RS			
ADDRESS 76 ESSEX AV	/E.				
CITY/TOWN: GLOUCE	ESTER S'	TATE: MA	ZIP COD	E: 01930	
MANAGER: BURNHA EILEEN N		LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICE					
WOOD FRAME BLDG. (REAR ROOM FOR STOO OF PREMISES; 20X 50 (CK; NO CELLAR. FI	RONT AND R	EAR ENTRAN	CE/ EXIT. EXTE	
I hereby certify and swear	under penalties of pe	rjury that:			
1. the renewed lic	ense will be of the sa	me type for the	same premises	now licensed;	
2. the licensee has	s complied with all la	ws of the Com	nonwealth relat	ing to taxes; and	
3. the premises ar	e now open for busin	ess (If not expl	ain below)		
SIGNED BY					
Ind	ividual, Partner or Au	ithorized Corpo	orate Officer		
DATE:	TELEPHONE NU	MBER:		OYER IDENTIFICAT	
			(Note. <u>NO</u>	T Individual Social S	security Number)
Please Check Below:			LOCAL LIC	CENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)			-		
DATE:					<u></u>
DINIL.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBEK: 045000062		CITY OR TOWN GLO	JUCESTER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
	AME: VINAY COR NESS A ED'S MINI			
ADDRESS 89	WASHINGTON ST			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE: 019	30
MANAGER:	PATEL, HETAL JIGNESH	TYPE OF LICENSE:P	ackage Store CATEG	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
ONE ROOM,	NO CELLAR 28 X 6	0		
	premises are now ope	en for business (If not exp		, and
DATE:	TELEP	PHONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICENSING A By:	AUTHORITY
(If disapproved				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 045000063		CITY OR TOWN GI	LOUCESTER
APPLICATIO1	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
	AME: GLOUCESTE NESS A THE LIQUO	ER CENTRAL PKG STO OR LOCKER	DRE,INC.	
ADDRESS 28'	7-97 MAIN STREET			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE: 03	1930
MANAGER:	CAMPBELL, WAYNE K	TYPE OF LICENSE:P	ackage Store CATE	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
-	N OF LICENSED PR			
	N STREET, AREA W and swear under pen	TTH FRONT AND SIDE	E ENTRANCE/EXIT.	
	premises are now ope	I with all laws of the Conen for business (If not expenses) artner or Authorized Corp		xes; and
DATE:	TELEP	HONE NUMBER:		NTIFICATION NUMBER:
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING By:	G AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	045000065		CITY OR TOWN	1 GLOUCES	TER	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20)13	
		CLASS			YEAR	
LICENSEE NAME:	J & L LIQUORS	S, INC				
DOING BUSINESS A	RAILROAD A	VENUE LIQUORS				
ADDRESS 7 RAILRO	OAD AVE					
CITY/TOWN: GLOU	JCESTER	STATE: MA	ZIP CODE:	01930		
MANAGER: LINQUE LOUIS		YPE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_	
DESCRIPTION OF L	ICENSED PREM	MISES:				
STORAGE. MAIN EN	NTRANCE AND	R OF MAIN BLDG W DEXIT SHALL BE ON DE. ALSO A RECEIVI	PARKING LOT	SIDE. SELLIN		
2. the licensee	has complied w	of the same type for the rith all laws of the Comfor business (If not exp	monwealth relating			
SIGNED BY	Individual, Parti	ner or Authorized Corp	orate Officer			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN By:	NSING AUTH	ORITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 045000066	(CITY OR TOWN	GLOUCES	TER	
APPLICATION FOR RENEWAL:	Annual	LICEN	013		
	CLASS			YEAR	
LICENSEE NAME: ANNISQUAM M	ARKET LLC				
DOING BUSINESS A ANNISQUAM	MARKET				
ADDRESS 33 RIVER RD					
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE:	01930		
MANAGER: MACNAMARA, TY WILLIAM KURT	PE OF LICENSE: Pack	tage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		ı	
DESCRIPTION OF LICENSED PREM	ISES:				
ONE STORAGE ROOM AND ONE M. AT FRONT OF PREMISES AND ONE			ENTRANCE	E/EXIT	
2. the licensee has complied wit3. the premises are now open fo		_	taxes; and		
SIGNED BY Individual, Partne	er or Authorized Corpor	ate Officer			
D 4 777					
DATE: TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY	
DISAPPROVED:		By:			
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	EK: 045000067		CITY OR I	JWN GLOUCES	IEK
APPLICATION F	OR RENEWAL:	Annual	I	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAMI DOING BUSINES	SS A				
ADDRESS 76 PRO					
CITY/TOWN: G	LOUCESTER	STATE: MA	ZIP COI	DE: 01930	
MANAGER: ER	CICKSON, ATHLEEN	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PR	EMISES:			
	OOUBLE DOOR	UCTURE AT THE COI ENTRANCE ON WASI ET.			
2. the lice	nsee has complied	be of the same type for the laws of the Coren for business (If not expenses)	nmonwealth rel		
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:		LOYER IDENTIFICAT OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LI By:	CENSING AUTH	ORITY
(If disapproved exp	plain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 045000069		CITY OR TOWN	GLOUCES'	TER	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NA	AME: MAD'S LIQUOR, IN	NC				
DOING BUSIN	NESS A LANESVILLE PA	CKAGE STORE				
ADDRESS 108	80 WASHINGTON ST					
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE:	01930		
MANAGER:	CLAYTON, BRETT TYPE A.	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	All Alcohol	
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS			
	N OF LICENSED PREMISE					
	2, 2 ROOMS. ONE FOR ST		FORAGE			
	and swear under penalties or renewed license will be of the		sama pramicas now	licansad:		
	licensee has complied with a	* *	•			
	premises are now open for b		_	, tailes, taile		
SIGNED BY						
	Individual, Partner of	or Authorized Corpo	orate Officer			
DATE						
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:	
			(1000. <u>1101</u> mu	ividuai 50ciai 50	ecurity Number)	
Please Check Belo	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVE (If disapproved						
(II disupproved	onpium)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 045000071		CITY OR IC	WN GLOUC	ESIEK
APPLICATION FO	OR RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME	E: S&M CONVENIE	NCE STORE, INC	·.		
DOING BUSINES	S A H S CONVENIE	NCE STORE			
ADDRESS 33 WE	STERN AVE				
CITY/TOWN: GI	LOUCESTER	STATE: MA	ZIP COD	DE: 01930	
MANAGER: ASI	PAL, HARBANS TYF L	PE OF LICENSE:	Package Store	CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
	F LICENSED PREMIS				
FIRST FLOOR, IN ON MIDDLE ST	ICLUDING STOCK R	OOM, TWO EXIT	S, ONE ON WE	ESTERN AVE A	AND ONE
3. the pren	nises are now open for Individual, Partner	·			
DATE:	TELEPHON	E NUMBER:			CATION NUMBER: al Security Number)
Please Check Below:	٦		LOCAL LI	CENSING AUT	THORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp	blain)				
. 11 1	•				
DATE:					



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LICENSE NUMBER: ()45000073		CITY OR TOWN	GLOUCES	TER
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 1 DOING BUSINESS A	ALCHEMY	NT CORP.			
ADDRESS 3 Duncan S CITY/TOWN: GLOU		CTATE. MA	ZID CODE	01020	
		STATE: MA	ZIP CODE:	01930	
MANAGER: ROSE,	MATTHEW TYPE	2 OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL DESCRIPTION OF LI		BSITE AND ENTER YOUR EN	AAIL ADDRESS		
GROUND LEVEL ON OF FOUR ROOM BIS ACCESSIBLE RESTR	I DUNCAN STREE TRO WITH BAR, S	T W/ REAR EXIT			
I hereby certify and swe	ear under penalties o	of perjury that:			
1. the renewed	license will be of the	he same type for the	same premises now	licensed;	
	•	all laws of the Comm	_	o taxes; and	
3. the premises	s are now open for b	ousiness (If not expla	ain below)		
SIGNED BY	Individual. Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	RIDENTIFICAT	TION NUMBER:
	TEEETHOTE	71 (CIVIDEIX.	(Note: NOT Ind	lividual Social S	Security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	by the building insp	pector and the head	l of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	ı)				
DATE:					



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LICENSE NUMBEF	₹: 045000077		CITY (OR TOWN	GLOUCES	STER
APPLICATION FO	R RENEWAL:	Annua	ા	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	PARDO, INC					
DOING BUSINESS	A JALAPENO'S					
ADDRESS 86 MAII	N STREET					
CITY/TOWN: GLO	DUCESTER	STATE:	MA ZIP	CODE:	01930	
MANAGER: PAR ALE	DO, TY JANDRO	PE OF LICENS	SE:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAIL ADDRI	ESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:				
50 seat restaurant; k of prem 2000 sf with						only Ext
I hereby certify and s	swear under penaltie	s of perjury that	•			
1. the renew	ved license will be of	f the same type f	or the same pr	emises now	licensed;	
2. the licens	ee has complied with	h all laws of the	Commonweal	th relating t	o taxes; and	
3. the premi	ses are now open for	r business (If no	t explain belov	w)		
SIGNED BY						
	Individual, Partne	r or Authorized	Corporate Off	icer		
DATE:	TELEPHON	NE NUMBER:		EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(N	lote: NOT Inc	lividual Social S	Security Number)
We the undersigne Acts of 2004, signed named license and of 2010.	d by the building in	spector and th	e head of the f	fire depart	ment for the	above
Please Check Below:			LOCA	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	ain)					
DATE:						



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LICENSE NUMBER	:045000078		CITY OR TOWN GLOUCE	ESIEK
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	J & MEM LLC			
DOING BUSINESS	A GIUSEPPE'E			
ADDRESS 2 B MAI	N STREET			
CITY/TOWN: GLO	UCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER: GNE T.	RRE, JOSEPH TYI	PE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	SES:		
ADJACENT CONNI ROOM, OFFICE, ST	ECTED ROOMS AF ORAGE AREAS. E	PROX. 20'X 21' ,12 1	APPROX. 35'X 54' KITCHEN 1/2 X 27', REST ROOM ARE ST. EMERGENCY EXIT OF BLDG.	A, COAT
I hereby certify and s	wear under penalties	of perjury that:		
		• •	same premises now licensed;	
2. the license	ee has complied with	all laws of the Comm	nonwealth relating to taxes; an	d
3. the premis	ses are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	al Security Number)
Acts of 2004, signed	by the building in	spector and the head	e certificate required by Cha of the fire department for the rance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			Ву:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				



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LICENSE NUI	MBER: 045000080		CITY OR TOWN	GLOUCEST	ER
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 201	.3
		CLASS		Y	'EAR
LICENSEE NA DOING BUSIN ADDRESS 14		R ESPRESSO,INC			
	GLOUCESTER	STATE: MA	ZIP CODE:	01930	
	LANG, MARCY	TYPE OF LICENSE:R		ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
800 SQ FT RE AND ONE BA I hereby certify 1. the	N OF LICENSED PRISTAURANT WITH I THROOM ON STRE and swear under penarenewed license will be	DINING ROOM, FRON ET LEVEL. STORAGE	T AND REAR ENTR AREA AND OFFICE e same premises now	E IN BASEMI	
	•	n for business (If not exp		taxes, and	
	F				
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATION	
Acts of 2004,	signed by the buildin	e are in possession (1) to ag inspector and the hea ate of liquor liability ins	ad of the fire departn	nent for the a	bove
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	RITY
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.	G.L. Ch. 138 \$ 16A	<u>.)</u>



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LICENSE NUMBER: 045000085	1	CITY OR TOWN GLOUCES	STER
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: MARIA'S I	LC		
DOING BUSINESS A MARIA'S			
ADDRESS 35 PEARL ST			
CITY/TOWN: GLOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER: MOODY, KATHLEEN	TYPE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED F			
950 S/F OF KITCHEN AND DIN TWO ALTERNATIVE ENTRAN			ATED.
I hereby certify and swear under p	enalties of perjury that:		
1. the renewed license wil	ll be of the same type for the s	ame premises now licensed;	
2. the licensee has compli	ed with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now o	pen for business (If not explain	n below)	
SIGNED BY			
Individual,	Partner or Authorized Corpor	ate Officer	
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION OF THE PROPERTY OF T	
		(Note: <u>NOT</u> Individual Social S	Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ding inspector and the head	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
DATE:			



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LICENSE NUMBER:	045000086		CITY OR T	'OWN	GLOUCES	STER
APPLICATION FOR	RENEWAL:	Annual]	LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	A PASSPORTS	ORDEN AND KIM	BERLY JYLK	KA LO	ORDEN	
ADDRESS 110 MAI						
CITY/TOWN: GLO	UCESTER	STATE: MA	ZIP CO	DE:	01930	
MANAGER:	TY	PE OF LICENSE: R	estaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF L	ICENSED PREMI	SES:				
RESTAURANT AND	BAR WITH 60 S	EATS				
I hereby certify and sv	vear under penaltie	s of perjury that:				
1. the renewe	d license will be of	the same type for th	e same premis	es now	licensed;	
2. the license	e has complied with	n all laws of the Con	nmonwealth re	lating to	taxes; and	
3. the premise	es are now open for	business (If not exp	olain below)			
SIGNED BY	Individual, Partne	r or Authorized Corp	porate Officer			
DATE:	TELEPHON	NE NUMBER:				TION NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	spector and the he	ad of the fire o	departn	nent for the	above
Please Check Below:			LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	n)		-			
DATE:						
	AL MIGT DE EURO SY	ICENGEEG DUBBIG EVE	MONTH OF NOVE	MDEP 21	C I Cl. 120 ft 1	(A)
APPLICATION FOR RENEW.	AL MUST BE FILED BY I	JUNEAU THE	MONTH OF NOVE	MBER (M.	.G.L. Cn. 138 \$ 1	0A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 045000087		CITY	OR TOWN	GLOUCES	TER
APPLICATION FOR	R RENEWAL:	Annual	Annual LICENSED FOR			013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS		ANN BOWLING CENTER	R LLC			
ADDRESS 60/64 M	AIN ST					
CITY/TOWN: GLC	OUCESTER	STATE: MA	ZI	P CODE:	01930	
	IGI JR. , ERT J.	TYPE OF LICENSE:Res	taurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADD	RESS		-
DESCRIPTION OF						
		D EXITS. ONE LOCATED CATED ON THE PARKIN			ALK AT THE	E LEFT
3. the premi SIGNED BY		en for business (If not expla				
DATE:	TELEI	PHONE NUMBER:	(1			ION NUMBER:
Acts of 2004, signed	d by the buildi	ve are in possession (1) the ing inspector and the head ate of liquor liability insu	of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOC By:	'AL LICENS	SING AUTHO	ORITY
DATE:						



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LICENSE NUMBER: 02	15000088		CITY OR TOWN	GLOUCES	IEK
APPLICATION FOR RI	ENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TOOING BUSINESS A	HAI CHOICE, INC				
ADDRESS 272 MAIN S	ST				
CITY/TOWN: GLOUC	CESTER	STATE: MA	ZIP CODE:	01930	
MANAGER: VUTCH L, SURA	ARANGKU TYPE APORN	OF LICENSE: Res	taurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
PLEA	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISE	S:			
90 SEAT RESTAURAN AREA, SERVICE BAR				OOMS, OFFIC	CE
3. the premises SIGNED BY	nas complied with al are now open for bu	nsiness (If not expla	uin below)		
DATE:	TELEPHONE	NIIMDED.	EMPI OYE	R IDENTIFICAT	TION NUMBER:
	TELEFHONE	NUMBER.		ndividual Social S	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building inspe	ector and the head	of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NU	MBER: 045000090		CITY OR TOWN GLOUCI	ESTER	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE N.	AME: LOBESTERS & CRA	BS			
DOING BUSI	NESS A LAROSA'S PIZZER	IA			
ADDRESS 23	EAST MAIN STREET				
CITY/TOWN:	: GLOUCESTER	STATE: MA	ZIP CODE: 01930		
MANAGER:	LO TYPE O JACONO,TERENFE P.	OF LICENSE: Rest	aurant CATEGORY	Y: Wine and Malt Regular	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WEBSI	ΓΕ AND ENTER YOUR EM	AIL ADDRESS		
	N OF LICENSED PREMISES				
	NCLUDES DINING ROOM, 2 FOR STORAGE. 1640 SQFT				
I hereby certify	y and swear under penalties of	perjury that:			
1. the	renewed license will be of the	same type for the s	same premises now licensed;		
2. the	licensee has complied with all	laws of the Comm	onwealth relating to taxes; and	d	
3. the	premises are now open for bus	siness (If not explai	in below)		
CICNED DV					
SIGNED BY	Individual, Partner or	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:	
			(Note: NOT Individual Social	(Note: NOT Individual Social Security Number)	
Acts of 2004,	rsigned, attest that we are in signed by the building inspec e and (2) the certificate of liq	ctor and the head	of the fire department for the	he above	
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY	
APPROVED:			By:		
DISAPPROVI					
(If disapprove	u expiaiii)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 045000091		CITY OR TOW	N GLOUCES	STER
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
DOING BUSINESS ADDRESS 2 RAYM CITY/TOWN: GLO	UCESTER RIAN, TYPE			01930 CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
L	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISE	ES:			
TWO FLOOR PIE-SI AND EXIT ON EAC	HAPED BUILDING, H FLOOR.	APPR 3000 SQF	Γ. ON EACH FLO	OR. ONE ENT	ERANCE
2. the license	ed license will be of the see has complied with a see are now open for be	ll laws of the Con	nmonwealth relating		
SIGNED D I	Individual, Partner o	r Authorized Cor	oorate Officer		
DATE:	TELEPHONE	NUMBER:		ZER IDENTIFICAZ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUN	MBER: 045000099		CITY OR TOWN GLOUCES	IEK
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 20)13
		CLASS		YEAR
LICENSEE NA	ME: CAPE ANN BREWI	NG COMPANY		
DOING BUSIN	NESS A			
ADDRESS 27	COMMERCIAL STREET			
CITY/TOWN:	GLOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER:	GOLDBERG,MICH TYPE AEL	E OF LICENSE: Pou	ring Permit CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	MAIL ADDRESS	J
DESCRIPTION	N OF LICENSED PREMISE	ES:		
ON STORY CE	EMENT BUILDING WITH	6 EXITS/ENTRAN	NCES.	
I hereby certify	and swear under penalties of	of perjury that:		
1. the 1	renewed license will be of th	e same type for the	same premises now licensed;	
2. the 1	icensee has complied with a	ll laws of the Comp	nonwealth relating to taxes; and	
3. the p	premises are now open for b	usiness (If not expla	nin below)	
SIGNED BY	Individual, Partner o	r Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Acts of 2004, s	signed by the building insp	ector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 116	above
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUTHO	ORITY
APPROVED:			By:	
DISAPPROVE	· ——			
(If disapproved	explain)			
DATE.				
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY LIC	ENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUMBE	R: 045000100		CITY OR TOWN GLOUCES	STER
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	: RISTORANTE TRA	ATTORIA LLC		
DOING BUSINESS	S A			
ADDRESS 60 & 64	MAIN STREET			
CITY/TOWN: GL	OUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER: ORI M.	LANDO, PIERA TYPI	E OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISI	ES:		
			I, 2 HDCP BATHROOMS, CEL ANCE/EXITTABLE SERVIC	
	swear under penalties of			
•	•	1 3 2	same premises now licensed;	
		* *	nonwealth relating to taxes; and	
	ises are now open for b		· ·	
SIGNED BY				
	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, signe	ed by the building insp	pector and the head	e certificate required by Chap d of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)		-	
DATE:				



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	CITY OR TOWN GLOUCES	STER
Annual	LICENSED FOR 2	013
CLASS		YEAR
C.		
STATE: MA	ZIP CODE: 01930	
PE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
SES:		
ENTRY AND TWO R	EAR EXITS; 31 SEATS OCCU	JPANCY
s of perjury that:		
the same type for the	same premises now licensed;	
h all laws of the Comm	onwealth relating to taxes; and	
r business (If not expla	in below)	
r or Authorized Corpor	rate Officer	
NE NUMBER:	EMPLOYER IDENTIFICATION OF THE STATE OF THE	
	(Note: NOT Individual Social S	Security Number)
spector and the head	of the fire department for the	above
	LOCAL LICENSING AUTH	ORITY
	By:	
	Annual CLASS C. STATE: MA PE OF LICENSE: Resident and Enter Your EM SES: ENTRY AND TWO R Is of perjury that: If the same type for the sident all laws of the Commit business (If not explain all laws of the Commit business (If not explain all laws) The NUMBER: The in possession (1) the ispector and the head	CLASS C. STATE: MA ZIP CODE: 01930 PE OF LICENSE: Restaurant CATEGORY: VEBSITE AND ENTER YOUR EMAIL ADDRESS SES: ENTRY AND TWO REAR EXITS; 31 SEATS OCCURS of perjury that: It he same type for the same premises now licensed; in all laws of the Commonwealth relating to taxes; and in business (If not explain below) To ror Authorized Corporate Officer WE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social state in possession (1) the certificate required by Chapter 116 I spector and the head of the fire department for the fliquor liability insurance required by Chapter 116 LOCAL LICENSING AUTH



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LICENSE NUMB	ER: 045000105		CITY OR TOWN GLOUCE	STER
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAM	E: CAPE ANN BRE	WING COMPANY I	NC.	
DOING BUSINES	SS A			
ADDRESS 9-11 F	ROGER STREET			
CITY/TOWN: G	LOUCESTER	STATE: MA	ZIP CODE: 01930	
MANAGER: GO M	OLDBERG,JERE TY Y	PE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	OF LICENSED PREMI			
Dining area, kitch deck.EXTENTIO		rage, two bathroomns	s,grain and storage room,fenced i	n outdoor
I hereby certify an	d swear under penaltie	s of perjury that:		
1. the ren	ewed license will be of	f the same type for the	e same premises now licensed;	
2. the lice	ensee has complied with	h all laws of the Com	monwealth relating to taxes; and	
3. the pre	mises are now open for	r business (If not exp	lain below)	
SIGNED BY			0.07	
	Individual, Partne	er or Authorized Corp	orate Officer	
DATE				
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social)	
			(1866) 1401 marvidum bocim	Security (valider)
Acts of 2004, sign	ned by the building in	spector and the hea	ne certificate required by Chap ad of the fire department for the urance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	.piaiii)			
DATE:				



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LICENSE NUMBER	₹: 045000108		CIT	TY OR TOW	N GLOUCES	TER
APPLICATION FOR	R RENEWAL:	Annual LICENSED FOR 2013)13	
		CLAS	SS			YEAR
LICENSEE NAME:	CAPTAIN LESTER	S WASS AM	IERICAN I	LEGION		
DOING BUSINESS	A					
ADDRESS 23 MIDI	OLE STREET					
CITY/TOWN: GLC	DUCESTER	STATE:	MA	ZIP CODE:	01930	
MANAGER: KEE	, SANDRA TYPE	E OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL A	ADDRESS		-
DESCRIPTION OF	LICENSED PREMISE	ES:				
STREET1 EXIT I	RANCES, ONE ONTO NTO PARKING LOT COND FLOOR FUNC	AT REAR (OF BUILDI			
I hereby certify and s	swear under penalties o	of perjury tha	t:			
1. the renew	ved license will be of the	ne same type	for the sam	e premises no	ow licensed;	
	ee has complied with a				g to taxes; and	
3. the premi	ses are now open for b	usiness (If no	ot explain b	elow)		
SIGNED BY	Indiaideal Dawn		C	Off:		
	Individual, Partner of	n Aumonizec	Corporate	Officer		
DATE:				EMBLOX	VED IDENTIFICAT	YON NUMBER.
DATE.	TELEPHONE	NUMBER:			ER IDENTIFICAT Individual Social S	
						•
Acts of 2004, signed	d, attest that we are i d by the building insp (2) the certificate of l	ector and th	e head of t	the fire depa	rtment for the	above
Please Check Below:			L	OCAL LICE	NSING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved expla	1111)		_			
DATE:			_			